

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 6 1960

-60-040247

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10096

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b 2½ weeks		c. CITY OR TOWN Riverview		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If outside, give location) 338 Northridge Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ARTHUR Middle H. Last SMITH				4. DATE OF DEATH Month OCTOBER Day 16 , Year 1960			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-6-1897	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switch Foreman		10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad		11. BIRTHPLACE (City and state or country) Bonne Terre, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James C. Smith		13b. MOTHER'S MAIDEN NAME Millie Jane Smith		14. NAME OF HUSBAND OR WIFE Marie Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Marie Smith, 338 Northridge Drive			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Emphysema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 527.1 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH many years	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9/27/60 to 10/16/60 and last saw her live on 10/16/60 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Vermillion, M.D.		(Degree or title) Vermillion, M.D.		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 10/17/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal via Motor		23b. DATE Oct. 19, 1960		23c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial Cemetery, Bonne Terre, Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc 2161 E. Fair Av St. Louis, 7, Missouri		25. DATE RECD. BY LOCAL REG. OCT 18 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Harold J. Bursley

Licensed Embalmer No. 4282

P. O. Address St. Louis

Note: The above ~~MUST BE~~ SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.